# EXHIBIT 6

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF ILLINOIS

IN RE DEPAKOTE:	)
A.S. and parent Marthee Sansone,	) ) )
Plaintiffs,	) )
v.	CASE NO. 12-cv-43-NJR-SCW
ABBOTT LABORATORIES INC.,	) ) JURY TRIAL DEMANDED
Defendant.	)
:	) )
	) )
: :	, ) )

#### PLAINTIFF FACT SHEET

Each *Plaintiff Set* (as defined below) who has filed a lawsuit against Abbott Laboratories, Inc. alleging *Birth Defects* caused by the ingestion of *Depakote* during pregnancy must complete this Plaintiff Fact Sheet ("*PFS*").

In completing this *PFS*, you are under oath and must provide information that is true, correct, and as complete as possible. If *You* cannot recall all of the details requested, please provide as much information as you can. *You* must supplement your responses if *You* learn that they are incomplete or incorrect in any material respect. *You* may and should consult records in your possession that contain responsive information to assist *You* in responding, but *You* are not required to contact relatives, co-workers, or other third parties in order to complete this *PFS*. *You* may be asked to provide copies of documentation that is in *Your* possession.

**Your** lawyer has an electronic version of this **PFS** that can expand to accommodate as much information as is necessary to fully answer any of these questions. If **You** are completing a paper copy of this **PFS**, and more space is needed to fully answer any question, **You** may (and must) photocopy any page or attach additional sheets as necessary.

#### **DEFINITIONS**

Terms appearing in **bold italics** in this **PFS** are defined as follows:

**PFS**: This Plaintiff Fact Sheet.

*Depakote*: Depakote, Depakote ER, Depakene, Depacon, or other branded form of valproic acid manufactured or marketed by Abbott.

Date:	<u>N/A</u> Cause: <u>N/A</u>
Please	e provide the following information regarding the <i>Primary Plaintiff</i> :
1.	Date of birth:
2.	City, county, and state of birth: Maryville, Madison County, IL
3.	Hospital of birth: Anderson Hospital
4.	Gender: ☑ Male ☐ Female
5.	Social Security Number (including past SSNs, if applicable):
6.	Driver's license state and number:: No (☑ N/A)
7.	Marital Status: ☐ Married ☐ Unmarried ☐ Divorced/Separated
	If not Unmarried, name(s) of spouse or ex-spouse(s):
	Names and birth dates of any children:
_N/A_	

B. Identify all *Birth Defects* from which the *Primary Plaintiff* suffers, and check the appropriate box to indicate whether *Plaintiffs* claim that each such *Birth Defect* was caused by the *Primary Plaintiff's in utero* exposure to *Depakote*:

Claimed Birth Defect	Caused by Depakote	Not Caused by Depakote			
1. □ Spina bifida	Spina bifida				
2. □ Neural tube defect (other than spina bifida)					
3. ✓ Fetal valproate syndrome	$\square$				
4. ☑ Cognitive deficit	$\square$				
5. ☑ Developmental delay/deficit	$\square$				
6. ☑ Autism (or autism spectrum disorder)	Ø				
7. ☑ Craniofacial defect or deformity					
8. □ Limb defect or deformity					
9. □ Cardiac defect or deformity					
10. □ Pulmonary defect or deformity					
11. □ Gastrointestinal defect or deformity					
12. □ Genitourinary defect or deformity					
13. □ Other					

L. Provide the name, current (or last known) address, and specialty of any other *Health Care Provider(s)* (including any mental *Health Care Provider(s)*) who provided care or treatment to the *Biological Mother* during the ten years preceding the *Primary Plaintiff's* birth relating to treatment for epilepsy, and during the five years preceding the *Primary Plaintiff's* birth relating to all other treatment, as well as the approximate dates of care:

Name	Address	Specialty	Dates of Care
Dr. Patti Nemeth	232 S Woods Mill Rd # 400E Chesterfield, MO 63017	Neurologist	2000-2007
Dr. William Rosenfeld	St. Luke's Hospital 232 S. Woods Mill Road Chesterfield, MO 63017	Neurologist	April 2007

(Add rows as necessary)

M. Pro	vide the following information regarding the Biological Mother's use of Depakote
and other d	rugs:

(1) prescribed:	Ident	ify th	e disease, indication, or other condition for which <i>Depakote</i> was	
	(a)		Mania	
	(b)		Epilepsy or Other Seizure Disorder	
	(c)		Migraine Headache	
	(d)		Other (Specify:	)
(2) whom:	When was this disease, indication, or other condition first diagnosed, and by			
	Date:	_Ap	proximately 3/2000 Physician: Dr. Patti Nemeth	

### **DECLARATION**

My name is Marthee Sansone. I am above the age of eighteen years, am of sound mind, have never been convicted of a felony, am competent to make this Declaration, and have full authority to make this Declaration as a Plaintiff in the matter A.S. and parent Marthee Sansone v. Abbott Laboratories Inc. I have read the Streamlined Plaintiff Fact Sheet. I have provided facts or access to facts stated in the Streamlined Fact Sheet, and the Streamlined Fact Sheet was prepared with the assistance and advice of counsel. Based upon my review and understanding of that information, I declare the facts stated in the Streamlined Fact Sheet are true and correct to the best of my knowledge, information, and belief.

Marthee Sansone